

Merit-Based Incentive Payment System (MIPS) Advancing Care Information Performance Category Transition Measure 2017 Performance Period

Objective:	Public Health Reporting
Measure:	Immunization Registry Reporting The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data.
Measure ID:	ACI_TRANS_PHCDRR_1

Definition of Terms

Active engagement – the MIPS eligible clinician is in the process of moving towards sending "production data" to a public health agency (PHA), or is sending production data to a PHA.

Active engagement may be demonstrated in one of the following ways:

- **Option 1 – Completed Registration to Submit Data:** The MIPS eligible clinician registered to submit data with the PHA to which the information is being submitted; registration was completed within 60 days after the start of the MIPS performance period; and the MIPS eligible clinician is awaiting an invitation from the PHA to begin testing and validation. This option allows MIPS eligible clinicians to meet the measure when the PHA has limited resources to initiate the testing and validation process. MIPS eligible clinicians that have registered in previous years do not need to submit an additional registration to meet this requirement for each MIPS performance period.
- **Option 2 – Testing and Validation:** The MIPS eligible clinician is in the process of testing and validation of the electronic submission of data. MIPS eligible clinicians must respond to requests from the PHA within 30 days; failure to respond twice within a MIPS performance period would result in that MIPS eligible clinician not meeting the measure.
- **Option 3 – Production:** The MIPS eligible clinician has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA.



Reporting Requirements

YES/NO

To meet this measure, MIPS eligible clinicians must attest YES to being in active engagement with a public health agency to submit immunization data.

Scoring Information

BASE SCORE/PERFORMANCE SCORE/BONUS SCORE

- Required for Base Score: **No**
- Percentage of Performance Score: **0 or 10%**
- Eligible for Bonus Score: **No**

Note: MIPS eligible clinicians must fulfill the requirements of base score measures to earn a base score in order to earn any score in the Advancing Care Information performance category. In addition to the base score, eligible clinicians have the opportunity to earn additional credit through the submission of performance measures and a bonus measure and/or activity.

Additional Information

- In 2017, MIPS eligible clinicians can report the 2017 Advancing Care Information transition objectives and measures if they have technology certified to the 2015 Edition, or technology certified to the 2014 Edition, or a combination of technologies certified to the 2014 and 2015 Editions.
- This measure is worth 0 or 10 percentage points towards the Advancing Care Information performance category score. More information about Advancing Care Information scoring is available in the [Advancing Care Information fact sheet](#).
- MIPS eligible clinicians who have previously registered, tested, or begun ongoing submission of data to registry do not need to “restart” the process beginning at active engagement option 1.
- When MIPS eligible clinicians choose to report as a group, data should be aggregated for all MIPS eligible clinicians under one Taxpayer Identification Number (TIN). This includes those MIPS eligible clinicians who may qualify for reweighting such as a significant hardship exception, hospital or ASC-based status, or in a specialty which is not required to report data to the Advancing Care Information performance category. If these MIPS eligible clinicians choose to report as part of a group practice, they will be scored on the Advancing Care Information performance category like all other MIPS eligible clinicians.

- MIPS eligible clinicians may claim the exclusion if they are reporting as a group. However, the group must meet the requirements of the exclusion as a group.
- When MIPS eligible clinicians choose to report as a group, data should be aggregated for all MIPS eligible clinicians under one Taxpayer Identification Number (TIN). This includes those MIPS eligible clinicians who may qualify for reweighting such as a significant hardship exception, hospital or ASC-based status, or in a specialty which is not required to report data to the Advancing Care Information performance category. If these MIPS eligible clinicians choose to report as part of a group practice, they will be scored on the Advancing Care Information performance category like all other MIPS eligible clinicians.

Regulatory References

- For further discussion, please see the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) final rule: [81 FR 77230](#).
- In order to meet this objective and measure, MIPS eligible clinicians must use the capabilities and standards of certified electronic health record technology (CEHRT) at 45 CFR 170.314 (f)(1) and (f)(2).

Certification and Standards Criteria

Below is the corresponding certification and standards criteria for electronic health record technology that supports achieving the meaningful use of this measure.

Certification Criteria*	
§ 170.314(f)(1) Immunization information	Enable a user to electronically record, change and access immunization information.
§ 170.314(f)(2) Transmission to immunization registries	EHR technology must be able to electronically create immunization information for electronic transmission in accordance with: <ul style="list-style-type: none"> (i) The standard and applicable implementation specifications specified in § 170.205(e)(3); and (ii) At a minimum, the version of the standard specified in § 170.207(e)(2).

**Depending on the type of certification issued to the EHR technology, it will also have been certified to the certification criterion adopted at 45 CFR 170.314 (g)(1), (g)(2), or both, in order to assist in the calculation of this meaningful use measure.*

Standards Criteria

§ 170.205(e)(3)	HL7 2.5.1 (incorporated by reference in § 170.299). Implementation specifications. HL7 2.5.1 Implementation Guide for Immunization Messaging, Release 1.4, (incorporated by reference in § 170.299).
§ 170.207(e)(2) Immunizations	HL7 Standard Code Set CVX – Vaccines Administered, updates through July 11, 2012 (incorporated by reference in § 170.299).
§ 170.205(d)(2)	HL7 2.5.1
§ 170.205(d)(3)	HL7 2.5.1 (incorporated by reference in § 170.299). Implementation specifications. PHIN Messaging Guide for Syndromic Surveillance (incorporated by reference in § 170.299) and Conformance Clarification for EHR Certification of Electronic Syndromic Surveillance, Addendum to PHIN Messaging Guide for Syndromic Surveillance.
§ 170.207(a)(3)	IHTSDO SNOMED CT® International Release July 2012 (incorporated by reference in § 170.299) and US Extension to SNOMED CT® March 2012 Release (incorporated by reference in § 170.299).
§ 170.207(c)(2)	Logical Observation Identifiers Names and Codes (LOINC®) Database version 2.40, a universal code system for identifying laboratory and clinical observations produced by the Regenstrief Institute, Inc. (incorporated by reference in § 170.299).

Additional standards criteria may apply. Review the [ONC 2015 Edition Final Rule](#) for more information.